

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN118AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/09/2008
NAME OF PROVIDER OR SUPPLIER HORIZON HILLS RES GRP CARE 2		STREET ADDRESS, CITY, STATE, ZIP CODE 8085 MOHAWK LN RENO, NV 89506		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 12/9/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for five Residential Facility for Group beds for elderly disabled persons, Category II residents. The census at the time of the survey was four. Four resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed. The following deficiencies were identified:	Y 000		
Y 070 SS=F	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review on 12/9/08, the facility failed to ensure that 1 of 2 caregivers received eight hours of annual training (Employee #1). Severity: 2 Scope: 3	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 088 SS=C	<p>4493199(4) Staffing Schedule</p> <p>NAC 449.199</p> <p>4. The administrator of a residential facility shall maintain monthly a written schedule that includes the number and type of members of the staff of the facility assigned for each shift. The schedule must be amended if any changes are made to the schedule. The schedule must be retained for at least 6 months after the schedule expires.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 12/9/08, the administrator failed to maintain a monthly staffing schedule and failed to retain copies for the 6 of 6 months.</p> <p>Severity: 1 Scope: 3</p>	Y 088			
Y 272 SS=A	<p>449.2175(3) Service of Food - Menus</p> <p>NAC 449.2175</p> <p>3. Menus must be in writing, planned a week in advance, dated, posted and kept on file for 90 days.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 12/9/08, menus had not been kept on file for 90 days.</p> <p>Severity: 1 Scope: 1</p>	Y 272			
Y 878 SS=D	<p>449.2742(6)(a)(1) Medication / Change order</p> <p>NAC 449.2742</p>	Y 878			

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Y 878	Continued From page 2 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 12/9/08, the facility failed to ensure that 1 of 4 residents received a bedtime medication as prescribed (Resident #1). Severity: 2 Scope: 1	Y 878		
Y 898 SS=B	449.2744(1)(b)(4) Medication / MAR NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.	Y 898		

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Y 898	Continued From page 3 This Regulation is not met as evidenced by: Based on record review on 12/9/08, the facility failed to ensure the medication administration record (MAR) was accurate in the instructions for administration of a medication for 1 of 4 residents (Resident #1). This was a repeat deficiency from the 1/24/08 State Licensure survey. Severity: 1 Scope: 2	Y 898		
Y 944 SS=A	449.2749(2) Resident File / Discharge NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. This Regulation is not met as evidenced by: Based on record review and interview on 12/9/08, the facility did not provide proper documentation regarding a resident who had been discharged (Resident #5). Severity: 1 Scope: 1	Y 944		

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